

SERIAL NUMBER 09/389,048	FILING DATE 09/02/99	CLASS 245 358	GROUP ART UNIT 2773 2626 2697	ATTORNEY DOCKET NO. 104162										
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>KOJI ADACHI, ASHIGARAKAMI-GUN, JAPAN; KOKI UWATOKO, ASHIGARAKAMI-GUN, JAPAN; MASAHIKO KOYANAGI, ASHIGARAKAMI-GUN, JAPAN.</p> <p>**CONTINUING DOMESTIC DATA***** VERIFIED <u>None</u> (M.V.)</p> <p>**371 (NAT'L STAGE) DATA***** VERIFIED <u>None</u> (M.V.)</p> <p>**FOREIGN APPLICATIONS***** VERIFIED (M.V.) JAPAN 10-336760 11/27/98 JAPAN 10-254785 9/9/98 JAPAN 11-033890 2/12/99</p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/22/99</p> </div> </div>														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width:15%;">STATE OR COUNTRY JPX</td> <td style="width:15%;">SHEETS DRAWING 47</td> <td style="width:15%;">TOTAL CLAIMS 37</td> <td style="width:10%;">INDEPENDENT CLAIMS 10</td> </tr> <tr> <td>Verified and Acknowledged <u>M.V.</u> <small>Examiner's Initials</small></td> <td><u>On</u> <small>Initials</small></td> <td></td> <td></td> <td></td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY JPX	SHEETS DRAWING 47	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 10	Verified and Acknowledged <u>M.V.</u> <small>Examiner's Initials</small>	<u>On</u> <small>Initials</small>			
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<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> <p>OLIFF & BERRIDGE P O BOX 19928 ALEXANDRIA VA 22320</p> <p style="font-size: 2em; margin-left: 20px;">25944</p> </div> </div>														
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> <p>HALFTONE GENERATION SYSTEM AND HALFTONE GENERATION METHOD</p> </div> </div>														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">FILING FEE RECEIVED \$1,612</td> <td style="width:40%;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: </td> <td style="width:40%;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </td> </tr> </table>					FILING FEE RECEIVED \$1,612	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit							
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